

**Date:** [Date]

**To:** [Medical Equipment Provider Name]

**Address:** [Provider Address]

**City, State, Zip:** [City, State, Zip]

**RE: Letter of Protection**

**Patient Name:** [Patient Full Name]

**Date of Incident:** [Date of Accident/Injury]

**Claim Number:** [Insurance Claim Number, if applicable]

To Whom It May Concern,

This office represents [Patient Name] regarding injuries sustained in the above-referenced incident. My client requires the following emergency medical equipment: [List Equipment, e.g., Wheelchair, Oxygen Concentrator, Hospital Bed].

Please accept this Letter of Protection as a formal agreement regarding payment for the equipment provided. We request that you provide the necessary equipment to my client on credit in exchange for a lien against any future settlement or judgment obtained in this matter.

By accepting this letter, you agree to withhold any collection efforts or credit reporting against my client until the conclusion of their legal claim. Upon the settlement or final judgment of this case, this office will pay your outstanding balance directly from the proceeds before any funds are distributed to the client.

In the event that there is no recovery or the recovery is insufficient to cover the full balance, the patient remains personally responsible for the costs incurred. Please provide us with an itemized invoice for the equipment provided for our records.

Please sign below to acknowledge your acceptance of these terms and return a copy to our office.

Sincerely,

[Attorney Signature]

[Attorney Name]

[Law Firm Name]

---

**Acknowledgment and Acceptance:**

I, [Name of Authorized Representative], on behalf of [Medical Equipment Provider Name], hereby accept the terms of this Letter of Protection.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_